

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/4/03</u>		2 Serial/Patent # <u>10/018,636</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	15	9/2/03	\$930.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$930.00							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		, <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>8</td><td>--</td><td>2</td><td>7</td><td>8</td><td>9</td> </tr> </table>			0	8	--	2	7	8	9
0	8	--	2	7	8	9					
10 REASON:											
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Abandoned - No Ext of Time Obtainable</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Nancy Johnson</u>		TITLE: <u>Petitions Att</u>									
SIGNATURE: <u>Nancy Johnson</u>		PHONE: <u>763-305-6309</u>									
OFFICE: <u>Petitions 4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/6/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B